



Cypress Bay High School
REGISTERED DRIVERS FORM

Student Information

Student Number: _____ Grade: _____ D.O.B _____

Student Name: _____ Student Name: _____
(Last Name) *(First Name)* *(M.I.)*

Driver's License Number: _____ State: _____ Expirations: _____

Address: _____

Student's Phone #: _____ Parent's Phone #: _____

Motor Vehicle Information

Make: _____ Model: _____ Year: _____ Color: _____ 2 Doors/4 Doors

Type: Auto Van Truck Motorcycle Other: _____

Student Signature: _____
(Sign) *(Print)* *(Date)*

Parent Signature: _____
(Sign) *(Print)* *(Date)*

Attach copies of the following:

- Student Driver's License
- Vehicle Registration
- Vehicle Insurance Card

Front Office Use Only

Approved By:

(Sign)

(Print)

(Date)

Note: (1) *Students are allowed 5 sign-outs per quarter with parent's authorization and a copy of parent's driver's license sent to: CBH_SIGN_OUT@BROWARDSCHOOLS.COM Email must include full name of student, ID #, time and reason to be released.*

(2) Last sign-out is 1:30 P.M.